

## Application for On-Street Valet Zone Permit – Page 1

	Date of sub	omittal			
This application for a valet zo service in the City right-of-wa		completed by ar	ny business wh	o desires to ha	ve a valet parking
APPLICANT INFORMATION					
NAME OF BUSINESS:					
COMPANY REPRESENTATIV					
ADDRESS					
PHONE	EMAIL				
THE APPLICANT IS A (check	one) PROPERTY C	OWNER L	EASEE		
PROPERTY OWNER INFORM A Notarized Affidavit by the property owner is in agreeme	property owner is	required to b	e submitted v		-
NAME:					
COMPANY:					
ADDRESS					
PHONE	EMAIL				
INDEPENDENT CONTRACTO	OR INFORMATION	(VALET PARKIN	NG COMPANY	OR SERVICE U	JSED)
NAME OR COMPANY:					
COMPANY REPRESENTATIV					
COMPANY ADDRESS:					
PHONE NUMBER:		EMAIL:			
VALET ZONE ON-SITE SHIFT	MANAGER AND C	ONTACT INFO	RMATION (av	ailable during all	valet zone hours)
NAME		CELL PI	HONE		
NAME		CELL PI	HONE		
NAME OF OTHER BUSINESS	SES SERVED AND P	ROJECTED NUI	MBER OF VEH	IICLES TO VALE	T PARK
1		3			
2		4			
DAYS AND HOURS OF OPER	RATION				
Sun to	Wed	_ to	Fri	to	
Mon to	Thurs	to	Sat	to	
Tues to					





## Application for On-Street Valet Zone Permit – Page 2

Applicant Business Name (from page 1)
PROPOSED LOCATION OF VALET ZONE PICK-UP/DROP-OFF AREA:  Address:
Verbal Description of the Pick-Up and Drop-Off Location:
TOTAL LINEAR FOOTAGE REQUESTED FOR PICK-UP/DROP-OFF ZONE
PARKING METER NUMBERS AFFECTED BY THE REQUESTED VALET ZONE:
NUMBER OF ATTENDANTS ON DUTY DURING VALET ZONE HOURS
Attached is a request for exemption or exemptions from one or more provisions of the rules and regulations. Refer to Section XV of the Valet Parking Zone Rules and Regulations.
By my signature below, I attest that I, my employees, agents and third party contractors will adhere to the <u>Valet Parking Zone Rules and Regulations</u> , and I further certify that all statements herein and attached are true to the best of my knowledge and belief:
attached are true to the best of my knowledge and benef.
Applicant Signature Date
* Submission Requirements: A \$200 Application fee is due with each Application. See the attached checklist for application requirements.  * General: Per the City of Columbus Valet Zone Rules and Regulations, each permit will be valid until June 30 each year.  * Fees: All checks shall be made out to the Columbus City Treasurer.  ○ Upon application approval, the following fees are required to be paid prior to issuance of permits to operate the valet zone (all fees are non-refundable).  ■ Street Occupancy Permit Fee: \$80  ■ Meter out-of-service fee calculated by the Department for first 1/2-year, as determined by the City  ■ Traffic cone or parking meter hood (bag), as determined by the City.
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Approved by \_\_\_\_\_\_ Denied by \_\_\_\_



## CITY OF COLUMBUS DEPARTMENT OF PUBLIC SERVICE APPLICATION FOR ON-STREET VALET PARKING PERMIT

## **SUBMITTAL CHECKLIST**

1. Application for On-Street Valet Zone (2 pages): Completed application signed by the applicant.
2. <b>Notarized Affidavit by Property Owner Form:</b> Completed form with notarized signature(s) for each applicant. One form required for single application or one for each business location served by the requested valer zone location.
3. <b>Site Plan:</b> One copy of a scaled drawing, no larger than 8 ½ "x 14" format. This site plan shall show the characteristics of the valet zone pick-up/drop-off zone including:
<ul> <li>Dimensions of the pick-up/drop-off zone;</li> <li>The location of the proposed valet parking service stand and temporary sidewalk valet signs;</li> <li>Width of the sidewalk (distance from back of curb to building face) at and surrounding the proposed pick up/drop-off zone and the location and dimensions of the 48 inch minimum pedestrian clear zone;</li> <li>The location of doorways, driveways, street trees and tree wells (dimensioned). Utility poles, traffic signal poles, fire hydrants, newspaper vending boxes, parking meters, bus shelters, sidewalk benches, trask receptacles or any other similar permanent obstruction within 30 feet of the proposed pick-up/drop-off zone and</li> <li>Dimensioned widths (including number of striped lanes) and labeled names of all intersecting streets within 30</li> </ul>
feet of the proposed pick-up/drop-off zone.  4. Proof of Insurance: As required by section IX of the rules and regulations naming the City of Columbus as an additional insured. Must be an original copy of certificates issued by insurance provider(s).  5. Signed and Notarized Indemnity and release Form: Use form provided by the City.
6. Attached written consent from adjacent property owners and their tenants when seeking approval for a valet parking zone exceeding the width of the Applicant's property frontage.
7. Copy of contract between Applicant and their valet parking service.
8. Temporary Sign: Catalog sheet or dimensioned drawing of proposed temporary sidewalk sign.
9. Exemption request is attached.
10. Other information that is requested by staff during the application review.
11. <b>Application Fee:</b> \$200.00 non-refundable payable to Columbus City Treasurer. A receipt for this paymen will be given by the Division of Traffic Management upon receipt of the application.
12. <b>Street Occupancy Permit Application:</b> The City Excavation/Occupancy Permit Application can be found at: <a href="http://columbus.gov/publicservice/parking/Valet-Parking-Rules-and-Regulations/">http://columbus.gov/publicservice/parking/Valet-Parking-Rules-and-Regulations/</a>
13. <b>Permit Fees:</b> Payable to the Columbus City Treasurer. The Division of Traffic Management will notify the applicant the amount of all fees upon approval of the application. This includes any parking meter out of service fees that are applicable, parking meter bag fee, traffic cone fee, valet zone signage and parking meter sticker fee and the Street Occupancy Permit Fee.

